

APPENDIX F - AUDIT TRAIL

a. DESCRIPTION OF PROCESS

1. As required by sections 1905(a) and 1902(a)(32) of the Social Security Act, payments will be made by the Medicaid agency directly to the providers of waiver and State plan services.
2. As required by section 1902(a)(27) of the Social Security Act, there will be a provider agreement between the Medicaid agency and each provider of services under the waiver.

3. Method of payments (check one):

_____ Payments for all waiver and other State plan services will be made through an approved Medicaid Management Information System (MMIS).

_____ Payments for some, but not all, waiver and State plan services will be made through an approved MMIS. A description of the process by which the State will maintain an audit trail for all State and Federal funds expended, and under which payments will be made to providers is attached to this Appendix.

 X Payment for waiver services will not be made through an approved MMIS. A description of the process by which payments are made is attached to this Appendix, with a description of the process by which the State will maintain an audit trail for all State and Federal funds expended.

_____ Other (Describe in detail):

See the explanation of the payment system in the appendix section on pages F-4 and F-5.

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b. BILLING AND PROCESS AND RECORDS RETENTION

1. Attached is a description of the billing process. This includes a description of the mechanism in place to assure that all claims for payment of waiver services are made only:

- a. When the individual was eligible for Medicaid waiver payment on the date of service;
- b. When the service was included in the approved plan of care;
- c. In the case of supported employment, prevocational or educational services included as part of habilitation services, when the individual was eligible to receive the services and the services were not available to the individual through a program funded under section 602(16) or (17) of the Individuals with Disabilities Education Act (P.L. 94-142) or section 110 of the Rehabilitation Act of 1973.

 X Yes

 No. These services are not included in this waiver.

2. The following is a description of all records maintained in connection with an audit trail. Check one:

 All claims are processed through an approved MMIS.

 X MMIS is not used to process all claims. Attached is a description of records maintained with an indication of where they are to be found.

Records of all paid claims are maintained are maintained in the

DATE:

AWACs payment system. Payments may be queried by individual, type of service, provider and funding source.

3. Records documenting the audit trail will be maintained by the Medicaid agency, the agency specified in Appendix A (if applicable), and providers of waiver services for a minimum period of 3 years.

c. PAYMENT ARRANGEMENTS

1. Check all that apply:

 X The Medicaid agency will make payments directly to providers of waiver services.

 The Medicaid agency will pay providers through the same fiscal agent used in the rest of the Medicaid program.

 The Medicaid agency will pay providers through the use of a limited fiscal agent who functions only to pay waiver claims.

 Providers may *voluntarily* reassign their right to direct payments to the following governmental agencies (specify):

Providers who choose not to voluntarily reassign their right to direct payments will not be required to do so. Direct payments will be made using the following method:

DATE: _____

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2. Interagency agreement(s) reflecting the above arrangements are on file at the Medicaid agency.

APPENDIX F

BILLING AND PROCESS AND RECORDS RETENTION

b.1.a.,b.,c.

Individuals must be Medicaid eligible and enrolled on the "Waiver Other" screen prior to providers invoicing services. The form "DPHHS-DD/MA-55" is used for this purpose with the local county welfare office. The local county welfare office eligibility technician will enter the individual on the "WACI" screen, a dedicated screen in the TEAMS system (the public benefits electronic information system). The TEAMS screen maintains the individual's Medicaid eligibility status, and their enrollment status in the Montana DD waiver service system ("WO", or "Waiver Other" designation).

The start date on the "55 form" corresponds to the start date identified on the plan of care document. After the plan of care has been signed by all the parties on the agreement form it is sent to the DD central office for verification and final approval by the central office community supports liaison. Pre-printed invoices are issued to service providers by the Department. Invoices for delivered services are then sent by the contracted provider(s) to the regional offices of the Developmental Disabilities Program (DDP). These invoices are verified for accuracy and entered into the Agency Wide Accounting and Client System (AWACS). The AWACS invoicing system is linked to the public benefits information database via a link which disallows approval for payment for individuals not currently enrolled in the waiver and/or currently eligible for Medicaid. Invoices are then forwarded to the DDP central office, approved for payment and the electronic information is sent to fiscal for payment via the statewide accounting and payments system (SABHRS). Hard copies of provider invoices are maintained at the DDP central and regional offices, along with the Community Supports agreement forms. Individual paid claims histories are maintained in the AWACS database "forever".

Linkage to ensure that individuals are not eligible to receive

DATE: _____

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duplicated educational services under IDEA or duplicated services available from Vocational Rehabilitation (VR) is the responsibility of the assigned developmental disabilities case manager. The vast majority of individuals in this service will have aged out of eligibility for school services. Given the limited nature of the Community Supports resource, planning team members have demonstrated diligence in exploring all potential funding sources for needed services prior to committing waiver cost plan dollars.